

REQUEST FOR PROPOSALS
FOR
REGIONAL HEALTH INFORMATION EXCHANGE
PLANNING AND IMPLEMENTATION PROJECTS

Issued by:

Michigan Department of Community Health
May 1, 2008

REGIONAL HEALTH INFORMATION EXCHANGE RFP

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I. **Introduction**

A. Project

The Michigan Department of Community Health (MDCH) is seeking proposals for planning or implementation projects for regional Health Information Exchanges (HIEs) throughout the state. The goal of planning projects is to develop a feasible plan for the implementation of HIE. The goal of the implementation projects is to create a regionally based HIE with a high level of stakeholder involvement and a realistic plan for long-term sustainability. Both grants are to be used to fulfill the intent and recommendations set forth in the Michigan Health Information Network (MiHIN) *Conduit to Care* report (www.michigan.gov/mihin).

B. Eligible Applicants

Organizations eligible to receive planning or implementation grants must be an existing formal or incorporated organizations based in Michigan.

C. Issuing Office

This Request for Proposal (RFP) is issued by the MDCH. The issuing office is the sole point of contact for applicants who are considering preparing responses to the RFP.

D. Award and Funding

An award will be made to the applicants who most successfully meet the criteria of the RFP. MDCH intends to fund planning projects and implementation projects, both for a period of up to 12-months. Each applicant will only be eligible for one type of grant: planning or implementation. Applicants applying for a planning grant must not have previously received an HIE planning grant from MDCH. Applicants applying for an implementation grant must not have previously received an HIE implementation grant from MDCH.

E. Pre-bid Meetings and Questions

A pre-bid meeting will not be held.

Written questions concerning the RFP are to be submitted electronically, no later than 5:00 p.m., on May 19, 2008. Questions must be emailed to Laura Dotson at dotsonl1@michigan.gov. Answer will be posted on the MDCH Request for Proposals website.

F. Submission Deadline

All proposals must be received by MDCH/Contract Management Section by July 7, 2008, at 2:00 p.m. E.S.T.

G. Disclosure of Proposal Contents

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides for the disclosure of grant agreements and agreement attachments.

II. Background

The State of Michigan government, through the leadership of Governor Jennifer M. Granholm and the Departments of Community Health (MDCH) and Information Technology (MDIT), place a priority on using information technology to drive quality improvements and efficiency in Michigan's health care system. With the Governor's direction, MDCH and MDIT worked collaboratively to form the Michigan Health Information Network (MiHIN) and held a kick off meeting in December 2005 with over 300 stakeholders. Approximately 200 Michigan healthcare stakeholders participated in a subsequent planning project in the spring and summer of 2006 to develop a roadmap to promote electronic health information exchange and recommend strategies for regional organizations and the State of Michigan. The resulting *Conduit to Care* report was released on December 11, 2006, and is available at the following website: www.michigan.gov/mihin.

The MiHIN *Conduit to Care* report outlined a statewide approach to HIE that consisted of multiple regional HIEs that eventually connect together to cover all of Michigan. To accomplish this goal, nine MiHIN regions were determined by a medical trading analysis of regional health care activity.

An essential characteristic of the recommendations of the *Conduit to Care* report is the focus on patients, their clinical data and its electronic transformation into ever improving completeness, communication, organization and presentation to serve the needs of the patient, their physician(s) and other caregivers.

As such, the MiHIN project focuses on Health Information Exchange (HIE), provisionally defined by a federal group as "The electronic movement of any and all health-related data according to an agreed-upon set of interoperability standards, processes and activities across non-affiliated organizations in a manner that protects the privacy and security of that data; and the entity that organizes and takes responsibility for the process."

The Michigan Health Information Technology Commission further added to the definition of HIE with the following essential characteristics of HIE; (a) the exchange of clinical data and some forms of administrative data such as demographic and eligibility information, (b) across organizations and a broad base of health care participants that (c) encompasses a broad population base and (d) covers a broad array of clinical information. The delivery of comprehensive clinical information in a timely manner to providers at the point of care is the key HIE activity that creates societal value.

To align with the vision, definition and characteristics outlined above, a successful HIE will engage in an approach that focuses on physician practices, where the vast majority

of healthcare transactions take place. The first phase must include electronic communication between clinicians and clinical service providers (laboratories, pharmacies, imaging centers, hospitals, behavioral health, public health, and other health care organizations and providers.) Subsequent phases should support other forms of clinical messaging and permit viewing of patient data and electronic health records by authorized individuals.

It is the MiHIN vision that as the regional HIEs mature, they will be able to develop repositories of clinical information, enabling electronic health records for individual patient care and for longitudinal public health and quality analyses. HIEs may have repositories that use either federated, centralized or hybrid structures.

In June 2007 the state awarded \$4.5 million in grants to five regions for planning purposes, two for implementation projects, and one group for the creation of the MiHIN Resource Center. For more information on the MiHIN Resource Center, please visit www.mihin.org.

MDCH anticipates funding Regional HIE projects that fulfill the MiHIN *Conduit to Care* vision. These initiatives can either be in the planning stage or in the implementation stage.

III. Eligibility Criteria and Statement of Work

Below are the eligibility criteria and the statement of work for both the planning and implementation grants. Each applicant will only be eligible for one type of grant: planning or implementation. Applicants applying for a planning grant must not have previously received an HIE planning grant from MDCH. Applicants applying for an implementation grant must not have previously received an HIE implementation grant from MDCH.

A. Planning Grant

1. Eligibility Criteria

- i. In order to be eligible for funding, submissions must be from an existing formal or incorporated organization based in Michigan.
- ii. The applicant must plan to use accepted national standards and state guidelines, based on availability.
- iii. MDCH will fund regional HIE that plan to implement solutions that are deemed to support the MiHIN *Conduit to Care* report vision and the definition and characteristics defined in Background (sec. II, pg. 2) of this document.
- iv. The applicant must plan the geographic operation to be based on the Michigan Medical Trading Area (MTA) Analysis. The statewide MTA

Analysis can be found at www.michigan.gov/mihin. Only one HIE per MTA will be funded. Accordingly, interested organizations within MTAs are encouraged to work together.

- v. The applicant must have a formal governance structure in place to guide the planning phase.
- vi. Matching funds and in-kind contributions are not required but are strongly encouraged.
- vii. The applicant must engage a diverse set of community and regional stakeholders. Stakeholders should be representative of the entire geography and health care industry of the MTA including, but not limited to: practicing clinicians (especially ambulatory, office-based physicians); hospitals; laboratories; health plans and insurers; major employers; local and state government; public health; patient groups; consumers or consumer advocacy groups; purchasers, quality improvement organizations; behavioral health, hospital associations; and medical societies.
- viii. The planning grant applicant must engage the commitment of health care purchasers and/or payers representing, in total, a critical mass (approximately 75%) of the covered lives in the geographic area of the regional HIE. The critical mass must include more than one wholly owned or operated entity within the region and must not consist solely of one predominant health care purchaser and/or payer within one organizational structure or system.
- ix. The applicant must engage the commitment of a significant percentage (50% or more, based on the region's geographic and demographic population) of practicing clinicians (especially ambulatory, office-based physicians) to utilize the HIE capabilities in the project. The significant percentage must include clinicians not predominantly within one organizational structure or system.
- viii. The applicant must plan an HIE that is open to the entire community within the region, including a significant portion of both rural and urban areas where applicable.

2. Statement of Work

- i. Regional HIE planning grants are to be used to develop a feasible plan for implementation of HIE within a defined Medical Trading Area

The plan should articulate a region's proposed steps to achieve the ability to share health information from disparate systems and service providers within a specified MTA. The plan should, at a minimum, detail:

1. A formal governance structure for the implementation and operational phases.
 2. A sustainable business plan including identification of the source(s) of future funding
 3. Identification of and rationale for the on-going leadership and staffing plan
 4. Confirmation that the HIE services will be available throughout the MTA
 5. Identification and rationale for the types of information initially and in the long-term that will be exchanged through the HIE (i.e., results delivery, medication history, patient diagnosis history etc.) beginning with clinical messaging and ultimately leading to repositories of clinical and administrative information to support direct patient care
 6. Comprehensive communications plan and a timeline that will educate the community, health care providers and other pertinent stakeholders
 7. Comprehensive plan and timeline for stakeholder engagement
 8. Solutions that facilitate the identification, correlation, linking, searching and accessing of patient-centric information
 9. Solutions that accommodate the interoperable sharing of information originating from numerous disparate systems, in multiple formats, and via a variety of technologies
 10. Solutions for scalability of the HIE as new providers, systems and geographic areas are broadened
 11. Solutions to ensure the most appropriate privacy and security standards and controls will be in place to protect consumer privacy
 12. Plans and solutions for interacting with public health reporting
 13. Provisions for ultimately interfacing with other HIEs in other regions in Michigan and the relevant state databases.
- ii. Regional HIEs must share their final plan and all monthly progress reports with MDCH and the MiHIN Resource Center. This includes, at a minimum, successes, obstacles, methods, outcomes, budget and finances, lessons learned and status measures.
 - iii. Regional HIEs must comply with monthly reporting requirements on project status. The progress reports must at a minimum provide a status of each of the components of the final plan.
 - iv. Regional HIEs must work with and comply with the requests, decisions and guidelines issued by the MiHIN Resource Center.

B. Implementation Grant

1. Eligibility Criteria
 - i. Implementation grant applicants must meet the entire Planning grant Eligibility Criteria (section III, subsection A, 1).

- ii. Applicants must have a formal, functioning governance structure in place to guide implementation activities.
- iii. Applicants must document a high level of diverse stakeholder involvement.
- iv. Implementation grant applicants must have a plan with the minimum components described in the Planning Grant Statement of Work (section III, subsection A, 2, i) and must detail the HIE functions and capabilities that the region will implement. The implementation plan must be submitted with your proposal.
- v. Implementation grant applications must provide evidence of funding sustainability by detailing the business plan for funding sustainability that extends beyond the grant period into the operational phase. Letters of support from stakeholders must include a commitment to funding the HIE in the operational phase.

2. Statement of Work

- i. An implementation project must plan, build and define its functional specifications and the technical solutions to support a comprehensive clinical messaging system that becomes operational during the grant period.
- ii. The project plan must include solutions that enable the capability to enable public health reporting and alerts.
- iii. The project plan must include solutions that enable the capability to build repositories of clinical information that will be used for direct patient care and may, at the option of the HIE, permit other uses such as public health population research.
- iv. An implementation project must plan and build the technical scalability to exchange data between all providers in the Medical Trading Area. An acceptable first phase would be the exchange of data between a critical mass (approx. 60%) of practicing clinicians within a medical trading area.
- v. The applicant must plan and build the capability to exchange information with other regional HIEs and the statewide record locator service.
- vi. The applicant must develop specific, quantifiable milestones and benchmarks to achieve substantial improvement based on the specific needs and current baseline data of the Medical Trading Area, at a minimum, in the following areas:
 - 1. Performance measures and public reporting
 - 2. Capacity to help physicians in the community improve the quality of ambulatory, emergent and urgent care
 - 3. Consumer engagement

- vii. The applicant must develop a mechanism for adopting state and national standards and guidelines upon availability.
- viii. The applicant must develop a communications and marketing plan for communicating HIE progress and quality improvement efforts, considering that:
 - 1. A diverse set of community leaders (civic, business, healthcare), payers and providers need to be engaged
 - 2. Patients and consumers need to understand what must be exchanged and that they are participants in the process
- ix. The project must submit quarterly reports, as well as a final report, which details, at minimum, the following:
 - 1. Obstacles
 - 2. Successes
 - 3. Progress of work plan
 - 4. Funding sources and status
 - 5. Details (including vendor information) for technical solutions
 - 6. Description of stakeholders involved, groups engaged in the process, other parties that express interest
 - 7. Progress of milestones related to quality of care improvements, performance measures, public reporting and consumer engagement
 - 8. Cost estimates
 - 9. Lessons learned
- x. Regional HIES must be willing to share all information with the MiHIN Resource Center, which will share appropriate information to support other HIEs around the state.
- xi. Regional HIEs must work with and comply with the requests, decisions and guidelines issued by the MiHIN Resource Center.

IV. Proposal Requirements to be Included in Response

A. Response to Eligibility Criteria

A response to eligibility criteria must be submitted and must include a narrative on how the applicant specifically meets the eligibility criteria outlined in Section III.

B. Work Plan and Work Plan Timeline

- 1. An overall work plan and timeline must be developed and submitted with the proposal. It is essential to prepare a comprehensive work plan to meet all the objectives of the project as identified in the Statement of Work for either the planning or implementation project.

- i. Describe how the plan will be reviewed and updated on a regular basis. The applicant must identify required project management process, including frequency and mechanisms for updates/progress reviews, and individuals responsible for receiving/reacting to the requested information. The applicant should propose a governance structure that the project will function under and identify and explain the reasons for any deviations from the project plan.

C. Staffing Plan

1. Identify key project personnel that will be responsible for project control and oversight. The applicant shall provide a staffing table with names and titles of personnel assigned to the project. Necessary substitutions due to change of employment status and other unforeseen circumstances may only be made with prior approval of the MDCH.

- i. MDCH reserves the right to approve the Contractor's assignment of Key Personnel to this project and to recommend reassignment of personnel unsatisfactory by MDCH.

D. Resumes of Key Personnel

The applicant must provide resumes of key staff members who will work on this project.

E. Letters from Key Stakeholders

In order to review the breadth and depth of the stakeholders and other organizations involved in the project (or planning to be involved for planning projects), signed letters of support from stakeholders must be included in the proposal response. Letters should detail how each stakeholder will support the regional HIE and indicate level of support in sustaining the HIE after the grant period has ended.

F. Budget Detail and Summary for the period 10/1/08-9/30/09

A Budget Detail and Summary for the period of 10/1/08-9/30/09 must be completed utilizing the forms and instructions in Attachment #2.

Matching funds and in-kind contributions are not required but are encouraged.

G. Organization Description and Organization Chart

The applicant is required to provide an organization description and organization chart highlighting the key personnel assigned to this project and their responsibilities for this project.

H. Michigan Based Vendor Certification

The Contractor must complete Attachment #3, the Michigan Based Vendor Certification and submit with their proposal. Failure or refusal to submit any of the information requested in this section may result in the applicant being considered non-responsive and therefore ineligible for award consideration.

I. Reporting/Deliverables

The Contractor is required to utilize all report forms and reporting formats required by the Department at the effective date of this grant agreement, and provide the Department with timely review and commentary on any new reports, forms, and reporting formats proposed for issuance.

At a minimum the Contractor shall provide the following reports as requested by MDCH:

1. A comparison of actual hours spent by the Contractor in performing Project versus hours budgeted by Contractor.
2. An updated schedule that provides information on the status of upcoming deliverables.
3. An assessment of the degree to which the Contractor has attained or failed to attain the pertinent objectives for each area outlined in the Statement of Work and approved work plan.
4. A final report as detailed in the Statement of Work.

In addition the Contractor is responsible for the following reports/deliverables if awarded the grant:

1. Project Charter - This authorizes the project start and documents the business needs and shows a high level understanding of the project.
2. Preliminary Project Scope - A more detailed narrative of the project goals and business objectives and the basis of the Project Scope statement.
3. Management Plan – Identify methods, tools and processes proposed to oversee the project, address issues/changes as they may arise, and keeps the appropriate parties apprised of progress.
4. Human Resources (HR) Plan - This identifies and documents roles and responsibilities and reporting relationships on the project.
5. Communication Plan – This determines how information and communication needs of the project stakeholders will be met.
6. Work Breakdown Structure (WBS) - A breakdown of major project deliverables.
7. Once the scope document has been agreed upon by the Contractor and MDCH, monthly meetings in person or through conference calls will take place with the

Contractor and the MDCH project manager and other potential designated individuals to receive, exchange, and react to requested information and project action items and issues.

8. The Contractor will provide reports that are necessary to follow the process for preparation and review of the project including:
 - a. Defining a meeting schedule for reviewing the project.
 - b. Maintaining an issue log and an action item log.
 - c. Issuing a formal project status report at least monthly. The Contractor will also create minutes from any meeting (including telephonic) and send these via e-mail to the MDCH project manager and others as directed.
 - d. Other reports deemed necessary to understand current project status.

MDCH reserves the right to approve the Contractor's work plan, project charter, project scope, management plan etc. MDCH reserves the right to make changes to the project work plan, project charter, project scope management plan etc.

V. Terms and Conditions

Attachment #1 identifies the terms and conditions that will be in effect for the duration of the grant award resulting from this RFP. By submitting a proposal, the applicant is agreeing to accept all grant agreement terms and conditions.

VI. Proposal Process

The following factors will be used in evaluating each response to the RFP:

A. Checklist

The checklist identified in Attachment #4 must be completed and returned as the proposal cover page with the proposal.

B. Submission Criteria

1. Proposals should be prepared on single sided, white, 8.5 x 11-inch paper with at least a .75-inch margin. Proposals should be single spaced, and use at least a 12 point courier font or comparable font and size. Proposals should be no more than 15 pages (not including letters and attachments). Completed budget forms (DCH-0385 and DCH-0386) (Attachment #2), Michigan Based Certification (Attachment #3), and the RFP Package Checklist (Attachment #4) should be attached to the proposal.

2. Submit one signed original and six written copies of the Proposal and one CD copy of the Proposal to:

Laura Dotson
Department of Community Health
Contract Management Section
4th floor, Lewis Cass Building
Lansing, MI 48913

C. Submission Deadline

All proposals must be received by MDCH/Contract Management Section by Monday, July 7 2008, at 2:00 p.m. E.S.T.

D. Review Criteria

1. Planning Grant

In awarding this contract, proposals for the planning grant will be evaluated by MDCH based on the following factors:

		Weight
1.	Response to Eligibility Criteria	20
3.	Work Plan and Timeline	40
4.	Stakeholder Involvement	15
5.	Staffing Plan and Resumes	7
6.	Budget Detail & Summary	5
	a. Matching or in-kind funding	10
7.	Organizational Description and Chart	2
8.	Michigan Based Organization	1
	TOTAL	100

2. Implementation Grant

In awarding this contract, proposals for the implementation grant will be evaluated by MDCH based on the following factors:

		Weight
1.	Response to Eligibility Criteria	20
3.	Work Plan and Timeline	30
4.	Evidence of Funding Sustainability	20
5.	Stakeholders Involvement	13
6.	Staffing Plan and Resumes	5
7.	Budget Detail & Summary	5
8.	Organizational Description and Chart	5
9.	Michigan Based Organization	2
	TOTAL	100

E. Grant Awards

Awarding this grant is contingent upon the availability of funds as determined by MDCH and is subject to State Administrative Board approval. MDCH may issue an award based on the entire proposal or a portion of the proposal.